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PERSPECTIVE

“Oh, I Need One Too!” Integration of a Behavioral Medicine Specialist into Residency and Fellowship Programs

Stefanie R Brown¹, Leticia Tornes², Yvonne Diaz³, Joan E St Onge⁴ and Heidi Allespach^{5*}

¹MD, MBA, FACP, FAAP. Division Chief, Medicine-Pediatrics; Program Director, Internal Medicine Residency Program; Associate Professor of Internal Medicine and Pediatrics, Department of Medicine and Department of Pediatrics, University of Miami Miller School of Medicine/Jackson Health System, USA

²MD, FAAN. Associate Director, Neurology Residency Program; Associate Professor, Department of Neurology, University of Miami Miller School of Medicine/Jackson Health System, USA

³MD. Designated Institutional Official and Associate Dean for Graduate Medical Education; Associate Professor, Department of Medicine, University of Miami Miller School of Medicine/Jackson Health System, USA

⁴MD, MPH. Professor of Clinical Medicine, Departments of Medicine and Medical Education; Senior Associate Dean for Graduate Medical Education and Faculty Affairs, University of Miami Miller School of Medicine/Jackson Health System, USA

⁵PhD. Professor, Departments of Medical Education, Medicine and Surgery, University of Miami Miller School of Medicine/Jackson Health System, USA

Introduction

“Whenever I go to a national conference and bring up what our behavioral medicine specialist is doing in our program, everybody exclaims, ‘Oh, I need one too!’ I think we need to write a paper about this.”

--Residency Program Director

Family medicine has a long history of incorporating a mental health/behavioral medicine specialist as core faculty into its residency programs [1]. However, the act of hiring an individual solely dedicated to supporting physician well-being, while also actively educating trainees about the wide-variety of topics under the behavioral medicine umbrella, is uncommon across other specialties and subspecialties in Graduate Medical Education (GME) [2].

Our Behavioral Medicine Specialist (BMS) has been working for many years with residents and faculty in internal medicine, neurology, general surgery, and numerous other GME programs at our institution. She additionally works with fellows in all the programs throughout our healthcare system. The BMSs role stretches far beyond providing lectures (Table 1); and, in fact, may challenge the individual in this role to “unlearn” much of what they were taught in graduate school to be best equipped to offer very brief and practical educational pearls to their physician learners, rather than focusing on long, theoretical discussions and deep, uncovering therapeutic techniques. Learning to be an informal, confidential “coach/mentor” for young physicians, versus a traditional therapist, is key.

“I feel like I am the only one struggling...I feel like my colleagues ‘have it

*Corresponding author(s)

Heidi Allespach, PhD. Professor,
Departments of Medical Education,
Medicine and Surgery, University of Miami
Miller School of Medicine/Jackson Health
System, USA 1600 NW 10th Avenue Suite
1124 Miami 33136

Tel: +305-243-9638

Fax: +305-243-1853

Email: h.allespach@med.miami.edu

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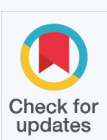


Table1: Sample role of behavioral medicine specialist in an internal medicine residency program at .25 FTE. A Clinical Psychologist (emphasis in Medical Psychology) with an extensive background in graduate medical education will provide a targeted behavioral medicine educational program to categorical and preliminary Internal Medicine residents by 1) devoting sufficient time to fulfill the duties outlined below; 2) demonstrating a strong interest in the education of the residents; and 3) administering and maintaining an educational environment conducive to educating residents in the Interpersonal & Communication Skills (IPCS) and Professionalism (PROF) ACGME core competency areas.

This faculty:

- Presents behavioral medicine lectures weekly (Communication Skills, Depression & Bipolar Disorders, Difficult Patient Interactions) to each firm of interns at the beginning of every academic year (July-October). *
- Facilitates “wellness check-in’s” (30 minutes to one hour) with every resident on the 2-week Wellness Rotation (15 residents every two weeks) *.
- Helps residents to improve their interpersonal /communication/professionalism (IPCP) skills with continuity patients (accomplished through regular precepting and shadowing in clinic with immediate feedback using the SEGUE form) *
- Developed a behavioral medicine core curriculum, and presents lectures regularly (4-5 per year), to all the subspecialty programs within the Department of Medicine (DOM)*
- Serves as a consultant and resource for Program Directors to assist with IPCP performance improvement plans (PIPs) for residents and fellows. *
- Serves as an ongoing accessible, confidential “coach” for residents and fellows who seek informal counseling. Available to trainees 24/7 if urgent. *
- Coordinates the Medicine-Pediatrics Behavioral Medicine/Urban Health two-week rotation and speaks with each resident on that rotation (identification of goals/prebriefing and debriefing) *
- Coordinates the Urban Health/Behavioral Medicine two-week rotation, and speaks with each resident on that rotation (identification of goals/prebriefing and debriefing) *
- Participates in the annual new Medicine intern orientation (wellness exercises, team-building, teaching brief stress management/time management strategies). *
- Assists in the development and facilitation of wellness retreats for residents and/or faculty*
- Attends relevant program and departmental meetings (Clinical Competency Committee, Town Halls, Faculty Meetings, etc.) *
- Prebriefing with interns starting the MICU rotation (i.e., discussing their concerns/worries, expectations, goals, etc.) and debriefing at the end of the rotation (i.e., lessons learned, etc.)
- Facilitates intern and first-year fellow support groups per request
- Serves as a confidential and informal “coach” for faculty in the DOM

*ACGME Core Faculty Function (page 21):

https://www.acgme.org/globalassets/pfassets/programrequirements/140_internalmedicine_2023.pdf

together’...and this makes me feel like I am failing or don’t have the right to be here in this program.”

--PGY2 Resident

Many trainees struggle with feelings of incompetency or “imposter syndrome” and, unless they feel safe sharing those concerns with a trusted person, anxiety, depression, and absenteeism...even physician suicide can result. The BMS can serve effectively as that trusted, “safe” individual.

The following are two of the most important functions, in our opinions, of a BMS in residency and/or fellowship programs:

“In House” Physician Well-Being and Competency-Based Coach

Via self-referral: A BMS in a GME residency and/or fellowship program is viewed as an “in-house” coach

who offers informal and confidential counseling (via phone, virtual or in-person platforms) to trainees and faculty physicians alike. In their meta-analysis of randomized controlled trials and controlled trials, Mendez Miller and colleagues found there was a moderate improvement in work-related stress outcomes among physicians receiving Cognitive Behavioral Therapy (CBT) based interventions versus no interventions [3]. Hence, when coaching physician trainees, it is recommended the BMS utilize targeted cognitive behavioral techniques, such as cognitive restructuring [4], as well as other brief, evidence-based interventions, including mindfulness [5], and diaphragmatic breathing strategies [6].

While most of these coaching discussions are scheduled, the BMS should ideally be available as needed for urgent calls/meetings. Evening and weekend calls/meetings are not uncommon, given the fact that most trainees in distress may not be



available during “normal” working hours secondary to being on nights or other busy rotations. The BMS also provides referrals for traditional therapy, and psychiatric care, as needed.

Via program referral: In addition, the BMS should also be available to assist programs with performance improvement issues of learners; specifically, in the core competency areas of interpersonal/communication skills and professionalism. These meetings are also confidential; however, since these trainees have been referred by programs (usually as part of a performance improvement plan), the BMS will communicate with the Program Directors to inform them that the trainee has been participating in coaching and will also request that the program provide feedback about the trainee’s progress, so the BMS will know whether their interventions have been successful in terms of helping the learner improve their performance. In this regard, it is important the BMS attend Clinical Competency Committee (CCC) meetings in each program for which they serve (while maintaining strict confidentiality of the trainees who are known to him/her).

“We get so many talks on the science of medicine, but not many on HOW to be an empathic doctor and how to care for ourselves---even in the most challenging Doctor–Patient scenarios. This is why I love when she gives us lectures!”

---First Year Fellow

Behavioral Medicine Lectures

Lectures which are directly, or indirectly, related to physician well-being should be presented by the BMS on a consistent basis. Some of the topics on which our BMS presents are Physician Well-Being (targeted to the specific audience), Communication Skills (Motivational Interviewing/Stages of Change), and Professionalism, Understanding Patients with Substance Use Disorders, Dealing with Difficult Patient Interactions, Loss and Breaking Bad News: Caring for Your Patient, Their Family and Yourself. Additional topics are included, depending on the needs of each specific program.

This brief paper was written to give an overview of the unique, but much-needed, role of our BMS in multiple GME training programs at our institution. For specific information about some of additional functions of our BMS, please see the following articles:

- **My office is always open:** Reflections from a Behavioral Medicine Specialist in Graduate Medical Education [2]: <https://meridian.allenpress.com/jgme/article/12/2/227/442178/My-Office-Is-Always-Open-Reflections-From-a>
- **Enhancing surgeon wellness:** Integrating a Multidimensional Behavioral Medicine Approach into a General Surgery residency program [7]: <https://www.facs.org/for-medical-professionals/news-publications/journals/rise/articles/multidimensional/>
- **Seeking to enhance surgical resident wellness using “complications” small groups and shadowing** [8]: <https://www.facs.org/for-medical-professionals/news-publications/journals/rise/articles/shadowing/>
- **Assurance for endurance? Introducing a novel ergonomics curriculum to reduce pain and enhance physical well-being among gi fellows** [9]: <https://link.springer.com/article/10.1007/s10620-020-06406-z>

Throughout the years, we have received resoundingly positive feedback from learners, as well as faculty, program directors, and institutional leaders regarding our BMSs contributions to our individual learner’s education, and to improving the overall culture and morale of our residency and fellowship programs at our institution (Table 2) and comments below:

“Our BMS is a key part of our core faculty and serves in several of the functions outlined by the ACGME, including membership in the CCC, designing curriculum, and advising and coaching residents. She helps design remediation plans for the competencies that are the most difficult to remediate – Professionalism and Interpersonal/ Communication Skills. She meets with the interns early in their training to introduce the concept of wellness. This meeting is key and indicates clearly that asking for help is a core part of residency success. As a PD, having a BMS is a great comfort. An unexpected benefit is knowing she is there to help me navigate difficult conversations with residents and most of all to help me guide residents through very difficult life situations as they arise during the normal course of residency.”

--Residency Program Director

Table 2: Selected comments from resident and fellow evaluations.

- I was at a very low point and felt like there was no one who would understand what I was going through. (Our BMS) normalized what I was going through and gave me tools to move forward (internal medicine resident)
- Having (our BMS) as a confidential resource has been invaluable. I wish that all residencies could have their (BMS). On a personal note, during an ICU rotation I was feeling very stressed due to difficult clinical cases, big decisions regarding career choices, and an unexpected loss in my family? I scheduled a call with (our BMS) and her genuine care, compassion, and skill made all the difference (internal medicine resident).
- (Our BMS) has been my sounding board on several occasions when I needed someone the most. She is always readily available and checks in regularly. Without her I would have truly been lost and given up completely. She is amazing putting things into perspective, giving available resources for my particular needs. She is a truly, truly beautiful soul and (unless she's a great actress) is the only one I think who truly cares about everyone's wellbeing! This is not a job for her... It is her passion! (internal medicine resident)
- (Our BMS) role, especially for our program with a high percent of IMGs who face unique and additional emotional challenges, is invaluable. Her disposition and availability are a treasure to the program. Gives me confidence that I have someone supporting me emotionally (internal medicine resident)
- (She is) Excellent and constructive. Definitely is going to help me during fellowship and career (cardiology fellow)
- She is the "heart" of our program (family medicine resident)
- I would not have gotten through residency without her help (surgical resident)
- She is always so engaging in her lectures. Gives us info that is applicable. Keeps it interesting (family medicine resident)
- Her lectures are consistently engaging and useful (neurology resident)
- (She) validated and normalized my feelings/fears as an intern. Excellent! Can we do this more often? I definitely feel calmer because I finally get to understand I am not the only one feeling this way (internal medicine resident)
- Excellent techniques provided in great detail. Outstanding speaker! Looking forward to next lectures. (hepatology fellow)
- (Learned) mindfulness (and) how to cope with bad reactions. Very accessible. Provided her contact number after presentation (nephrology fellow)
- Helps to discuss our reaction to patient's losses because it is easy to take it all on ourselves. This was helpful to talk about. (hematology-oncology fellow)
- (Learned about) boundaries with patients. Love her lectures. Great speaker (infectious disease fellow)
- (Learned) relaxation. Favorite speaker. Great talks (hospice and palliative care fellow)
- She helped me manage my anxiety better. I always worry too much and overthink everything. I worry too much about my future and my success. I'll use these exercises to improve my behavior. Keep up the good work (endocrinology fellow)
- Taught me how to use empathy with patients. I like that she involves the group and makes the (teaching) stimulating. (pulmonary critical care fellow)
- Very informative, (she is) so beneficial for our program (gastroenterology fellow)
- I loved the analogy of the "sea of chaos" between the old place and the new place. I think it's a nice metaphor to discuss w/ patients to help them face the "journey" (neurology resident)
- She gives me knowledge, anxiety relief, (and a) feeling that I am not alone. (Talking with her) changed my day and made me feel better about myself and residency. (surgical resident)
- (I value) the feeling that there is a place/person to speak with about complications without judgment (surgical resident)
- (Surgeon wellness) is frequently overlooked (topic) in the surgical culture or as "weak" but we are probably the group that needs this the most. (trauma surgery fellow)
- Felt heard and understood from our unique position as residents. Realized I am not the only one feeling the way I do. Thank you. (internal medicine resident)
- (Our BMS) role in our program extremely valuable because this is a service first of all that is quite unique for such a big internal medicine program to have. She is always one text or one call away, no matter the time of the day. It is great for us to have a kind and genuinely concerned person that can help us feel validated and also understood. Her expertise is quite unique because she has been working very hard with residents for so many years. I wish her role could exist for all residents at other programs (internal medicine resident)



“Having a BMS available for me as DIO of a large institution is invaluable. She teaches the residents and faculty about techniques to improve wellness and is an active member of GME Wellness initiatives. Where I’ve valued her most has been in helping to support trainees struggling with communication skills and professionalism – she goes above and beyond to identify the root causes leading to their behaviors and helps them work through strategies that ultimately makes them better physicians.

--Designated Institutional Official/Associate Dean for Graduate Medical Education

“Having a BMS introduce caring for oneself and normalize help seeking behaviors at orientation, and reinforcing this throughout residency, was a gamechanger for our institution. Wellness is now openly discussed, as is recognizing distress and seeking help.”

--Senior Associate Dean for Graduate Medical Education and Faculty Affairs

Future research in this area will include conducting more evidence-based studies of the role of the BMS in our institution, such as investigating the effects of current coaching interventions on physician trainee well-being. In addition, we plan to explore how our positive experience utilizing a BMS might be generalized to other GME programs throughout the country.

Physician burnout/moral injury continues to escalate and has become even more problematic secondary to the increased distress our profession sustained as the result of the pandemic [10]. Our learners and faculty appear to greatly benefit from having a trusted mental health professional “in house” who is there solely to focus on caring for them by supporting their well-being and to teach them aspects related not only to the science, but also to the art, of medicine. So, while Family Medicine has had it right from the beginning by incorporating a BMS into their residencies, it is time to help the rest of GME specialties and subspecialties realize they “need one too!”

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